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APPLICANTS

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** CONTINUING DATA ***** *None M/*** FOREIGN APPLICATIONS ***** *None M/*

IF REQUIRED, FOREIGN FILING LICENSE
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	WA	16	69	11
Verified and Acknowledged	<i>M. Shulman</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

Network-based software extensions

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